

## **DELIVERED ELECTRONICALLY**

June 9, 2021

Ms. Shayla Livingston  
280 State Drive, NOB 2 North  
Waterbury, VT 05671

**RE: Docket No. GMCB-002-21con, Construction of Secure Residential Treatment Program for individuals requiring residential treatment program services for mental health conditions. Project cost: \$21,900,521.**

Dear Ms. Livingston:

Thank you for your response to the first set of questions for the above referenced project. As we require additional information to complete our review, please respond to the following questions.

### **Financial**

1. Financial Tables 1 and 2 show different total project costs. Revise these tables so they reflect the same total project cost or explain in detail why the tables show different total dollar amounts for the project.
2. Table 2: Identify the source of the \$1,875,207 shown in line item titled "Other".
3. Table 6B: Explain in detail your assumptions for revenue sources.
4. Explain in detail your assumptions for operating expenses and whether debt financing and depreciation/amortization expenses are included.
5. Table 7: Explain in detail your assumptions for utilization.
6. Table 9: Explain in detail your assumptions for staffing FTEs and confirm that the staffing and FTEs include 24/7 staffing coverage.
7. Table 9: Explain the position titled "Secure Residential Program Director" and the meaning of "(Exempt?)" noted following this staff position. Explain whether this staff position is included in the total project cost and if not, please explain.



### **Facility Size, Design and Location(s)**

8. Explain in detail whether the design of the facility reflected in the application includes two, eight-bed wings designed with the capability to allow separation of one wing from the main section of the facility if necessary and whether both wings are served by common clinical and activity spaces. Also, explain whether both wings have all the essential non-clinical living area functionalities available within each wing.
9. Explain in detail whether and how the outdoor space is compliant with Act 50, Section 3 (c) and confirm that the space is not less than 10,000 square feet.
10. Explain in detail all amenities that are included in the outdoor area and all amenities that are not included in the proposed project as represented in the application. If not included in the proposed project, explain why these amenities are not included.
11. Explain in detail the analysis that was conducted to arrive at the need for 16 beds.
12. Explain in detail other alternative designs that were identified and explored in terms of bed size and one versus multiple locations in different parts of the state but were not selected and the reasons why each was not selected.
13. Explain in further detail how the proposed project is consistent with current health care reform initiatives at the state and federal level.
14. Explain in further detail, how the secure residential treatment program will integrate and coordinate mental health, physical health, and other health care services for residents of the secure residential treatment program.

In responding, restate the question in bold font and respond in unbolded font. Send an electronic copy to me at [donna.jerry@vermont.gov](mailto:donna.jerry@vermont.gov) and one hard copy (three-hole punched) with a Verification Under Oath to my attention at the Green Mountain Care Board, 144 State Street, Montpelier, Vermont 05602.

If you have any questions, please do not hesitate to contact me at 802-760-8162.

Sincerely,

*s/ Donna Jerry*  
Senior Health Policy Analyst  
Green Mountain Care Board

cc. Laura Beliveau  
Staff Attorney

